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FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

TEXAS ASSOCIATION OF HEALTH UNDERWRITERS
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1026 WIND RIDGE DRIVE

(Check if address is changed)

DUNCANVILLE TX 75137

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MANAGEMENT.COMPANY@TAHU.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 09 19 2002

3. FEC IDENTIFICATION NUMBER ▶ C 00353144

4. IS THIS STATEMENT NEW (N) OR A AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer COLLEEN PRUITT

Signature of Treasurer Colleen Pruitt Date 09 19 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1N04/01-DF

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation: Office Sought: House Senate President State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: LAURA T. FIRESTONE CPA

Mailing Address: 1026 WIND RIDGE DRIVE

DUNCANVILLE TX 75137

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

EXECUTIVE DIRECTOR | Telephone number: 214-244-0006

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: COLLEEN PRUITT

Mailing Address: 1026 WIND RIDGE DRIVE

DUNCANVILLE TX 75137

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number: 214-244-0006

Full Name of Designated Agent: BECKY PARKER

Mailing Address: 1026 WIND RIDGE DRIVE

DUNCANVILLE TX 75137

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ASST. TREASURER | Telephone number: 214-244-0006

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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PREPARER

9.30.03
DATE PREPARED

(6/2000)